



DISCLOSURE & AUTHORIZATION FORM

Lewis-Clark State College will procure an investigative consumer report on you in connection with your employment application. Your employment at Lewis-Clark State College is contingent upon this check and employment decisions will be made based on information gleaned from the report. Intelius Inc., a consumer reporting agency, will obtain the report for Lewis-Clark State College. Contact information for the consumer reporting agency is: Intelius Inc., 500 108th Avenue NE, 25th Floor, Bellevue, WA 98004. Telephone: (425) 974-6100

The report may include social security number verifications, public court records checks, criminal records checks, educational records, verification of employment positions held, personal and professional references checks and licensing and certification. Credit Reports may also be obtained in conjunction with this position. You are entitled to request more information about the nature and scope of the report we are requesting your authorization to obtain by submitting a written request to: HRS Director, Human Resources Services, 500 8th Avenue, Lewiston, ID 83501. Telephone: (208) 792-2269.

I hereby authorize Lewis-Clark State College to request a criminal background check about me for the purposes of my employment with the College. I understand that my employment with Lewis-Clark State College is contingent upon this background check and that the information contained in the background check will be used for the purpose of making an employment decision. I also understand that before I am denied employment based on information obtained from the report, I will receive written notice of the adverse decision, a copy of the report, and a summary of my rights under the Fair Credit Reporting Act, if applicable.

By my signature below, I consent to the release of consumer and/or investigative consumer reports to Lewis-Clark State College as described above.

Please Type or Print Clearly:

Last Name: | First: | Middle:

Alias (or maiden if applicable):

Social Security Number: | Birth Date:

Present Street Address:

City: | State: | Zip Code:

Signature: | Date:

Please process background check for this applicant for the position of:

Title: | Department:

Department Head Signature: | Date:

Dean Signature: | Date:

Human Resources Signature: | Date: